

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HY401546**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) <b>REYES, MONICA</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
BAR NO. <div style="display: flex; justify-content: space-between;"> <span><b>19210</b></span> <span>POSITION <b>POLICE OFFICER</b></span> </div>			ADDRESS OF OCCURRENCE <b>1910 S ASHLAND AVE</b>		
DATE OF APPOINTMENT <b>25-OCT-2004</b>			CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
UNIT OF ASSIGNMENT <b>010</b>			LOCATION CODE <b>277-PARKING LOT/GARAGE(NON.RES)</b>		
BEAT/CALL NO. <b>1000A</b>			BEAT OF OCCURRENCE <b>1234</b>		
EX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F    RACE <div style="display: flex; justify-content: space-between;"> <span><b>HISPANIC</b></span> <span>DOB <div style="border: 1px solid black; height: 15px; width: 100%;"></div></span> </div>			DATE OF OCCURRENCE <b>29-AUG-2015</b>		
EIGHT <b>504</b>			TIME <b>01:33:00</b>		
WEIGHT <b>125</b>			DAY OF WEEK <b>SATURDAY</b>		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			NO. OF OFFICERS BATTERED <u>2</u>		
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			WERE THERE ASSISTING UNITS ON SCENE?    1. <input type="checkbox"/> YES    2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____		
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____			<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
TYPE OF ACTIVITY			TYPE OF WEAPON/THREAT		
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <div style="display: flex; justify-content: space-between;"> <span><b>357 MAG</b></span> <span><input type="checkbox"/> D. HANDS/FISTS</span> </div> <input checked="" type="checkbox"/> 1. REVOLVER <input type="checkbox"/> E. FEET <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <div style="border-bottom: 1px solid black; width: 100%;"></div> <input checked="" type="checkbox"/> B. VEHICLE <u>VEHICLE-OFFICER STRUCK WITH</u> <input checked="" type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT		
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER			<b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
TYPE OF INJURY TO OFFICER			OFFENDER INFORMATION		
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE			SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE <div style="display: flex; justify-content: space-between;"> <span><b>WHITE HISPANIC</b></span> <span>DOB <div style="border: 1px solid black; height: 15px; width: 100%;"></div></span> </div> CB NO. <b>19178246</b> IR NO. _____		
LIGHTING CONDITIONS AT INCIDENT			WEATHER CONDITIONS		
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> 1. POOR</span> <span><input checked="" type="checkbox"/> 2. GOOD</span> </div>			WAS THE OFFENDER'S ACTIVITY: <b>DRUG RELATED?</b> <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>4</u>		
APPROXIMATE OUTDOOR TEMPERATURE <b>70°F</b>			APPROXIMATE WIND DIRECTION <b>100°</b> / <b>107°</b> WIND SPEED <b>10</b> / <b>12</b> SEVERE CROSS WIND <input type="checkbox"/>		

REPORTING MEMBER - SIGNATURE  
REYES, MONICA

STAR NO.  
19210

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
MC NAUGHTON, DAVID R 120